

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

## Albert R. DiPiero and David G. Sanders

Group Art Unit: 2161 Confirmation No.: 2798

Application No.: 09/990,123

Filed: November 21, 2001

For: HEALTH PLAN MANAGEMENT METHOD AND APPARATUS

Attorney Docket No. 40920/1:2

Date: January 13, 2005

## SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

## TO THE COMMISSIONER FOR PATENTS:

1.	Pursuant to the duty of disclosure, applicant presents for the Examiner's consideration the document listed on the accompanying Form PTO-1449.							
	$\boxtimes$	Copies of the listed U.S. patents and U.S. patent application publications are not required for submission. (37 C.F.R. § 1.98(a)(2)(ii))						
		Copies of listed foreign patent documents and non-patent literature are enclosed. (37 C.F.R. § 1.98(a)(2))						
		Copies of the documents listed on sheet(s) of Form PTO-1449 (or equivalent) are omitted because (1) they are already of record in U.S. Patent Application No, filed, on which this application relies for an earlier filing date under 35 U.S.C. § 120; and (2) any information disclosure statement filed in the prosecution of Application No, complies with 37 CFR §§ 1.98(a) through (c). (37 C.F.R. § 1.98(d))						
2.		The Examiner's attention is directed to the enclosed copy of copending U.S. Patent Application No, filed, for, which is cited in this application.						
3.	This information disclosure statement is being submitted (check box a., b., or c.):							
	a.	Within three months of the filing date of a national application or entry of the national stage in an international application; or before the mailing of a first Office action on the merits; or before the mailing of a first Office action after the filing of a request for continued examination under 37 CFR 1.114. (No statement under 37 CFR 1.97(e) is required.); or						

	b.		date of	f either a final a	ction, a notice	of allowane	efore the mailing ce, or an action that (Check box i. or ii	.)		
		i.		A \$180.00 info set forth in 37			nent submission fee or			
		ii.		A statement sp or	ecified by 37	CFR 1.97(e	e) is set forth below;	,		
	c.		on or b CFR 1	efore payment .97(e) is set for	of the issue feath below. Enc	e. A statem losed is a \$	e of allowance and nent specified by 37 180.00 information 37 CFR 1.17(p).			
<b>1</b> .		itement g below	red, the atto	rney or agent						
		each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement; or								
		no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement.								
5.		A concise explanation of the relevance of each document not in the Engli language and/or selected documents in the English language is set forth below.								
					Respectfully	submitted,				
					MyHealthBa	nk, Inc.				
				·		Stolowitz on No. 32,7	758			

STOEL RIVES LLP 900 SW Fifth Avenue, Suite 2600 Portland, Oregon 97204-1268 Telephone: (503) 224-3380 Facsimile: (503) 220-2480

Sheet 1 of 1 FORM PTO-1449 DEPARTMENT OF COMMERCE ATTY, DOCKET NO .: APPLICATION NO.: PATENT AND TRADEMARK OFFICE (REV. 7-80) 40920/1:2 09/990,123 APPLICANTS: Albert R. DiPiero and DISCLOSURE CITATION David G. Sanders (Uses several sheets if necessary) GROUP: FILING DATE: November 21, 2001 2161 U.S. PATENT DOCUMENTS **EXAMINER** DOCUMENT FILING DATE NUMBER DATE **CLASS SUBCLASS** IF APPROPRIATE NAME INITIAL /VF/ 4 5/11/2004 705 6 3 5 5 6 9 Wizig AAAB ACAD AE AF AG AH AIAJ FOREIGN PATENT DOCUMENTS TRANSLATION **EXAMINER** DOCUMENT COUNTRY **CLASS SUBCLASS** YES INITIAL NUMBER DATE NO ΑK ALAM AN AO OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.) AP AR

EXAMINER: Initial if reference considered, whether or not citation is in conformation with MPEP609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**DATE CONSIDERED** 

05/26/2008

**EXAMINER** 

AS

/Vanel Frenel/